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Express Mail No.: ED 884 288 974 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SINGH *et al.*

Confirmation No.: 1371

Serial No.: 10/740,079

Group Art Unit: 1637

Filing Date: December 18, 2003

Examiner: C. Babic

Title: CELL-SCREENING ASSAYS
AND COMPOSITION

Attorney Docket No. 11068-113-999
(CAM: 101962-999113)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sirs:

Enclosed herewith for appropriate action by the United States Patent and Trademark Office are the following documents:

1. Transmittal Letter;
2. Fee Transmittal (in duplicate);
3. Petition for Extension of Time (one month) (in duplicate);
4. Supplemental Preliminary Amendment and Response Under 37 C.F.R. § 1.111;
5. Renewed Petition Under 37 C.F.R. §§ 1.78(a)(3) and 1.78(a)(6) Regarding: (1) an Unintentionally Delayed Priority Claim, and (2) Correction of Filing Receipt; and
6. Return Post Card.

The Commissioner is hereby authorized to charge any fees necessary to Jones Day Deposit Account No. 50-3013 to maintain the pendency of this application.

Respectfully submitted,

Nikolaos C. George
By: Tamara M. Pertner
Tamara M. Pertner, Ph.D. (Reg. No. 47,856)
JONES DAY

Date: July 11, 2005

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PAPERWORK REDUCTION ACT OF 1995: NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
1430.00

| Complete if Known | |
|----------------------|--------------------------------|
| Application Number | 10/740,079 |
| Filing Date | December 18, 2003 |
| First Named Inventor | SINGH et al. |
| Examiner Name | C. Babic |
| Art Unit | 1637 |
| Attorney Docket No. | 11068-113-999 (101962-999-113) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3013 Deposit Account Name: Jones Day

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity | Fee (\$) | Fee (\$) |
|--------------|--------------|----------|---------------|--------------|----------|----------|
| - 20 or HP = | x | = | | 50 | 25 | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 3 or HP = | x | = | | 200 | 100 | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee Under 37 CFR 1.17(t) (\$1370); 1 Mon. Ext. Time (\$60)

Fees Paid (\$)

\$1430

SUBMITTED BY

| | | | |
|-------------------|--------------------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 47,856 | Telephone 858-314-1181 |
| Name (Print/Type) | Tamera M. Pertmer, Ph.D. | | Date July 11, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.